

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 7
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee CBS Radio		Date MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1515 Broadway 40th Floor		Amount 1950.00
City New York	State NY	Zip Code 10036
Purpose of Expenditure Sharron Angle radio advertisement		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: SHARRON E ANGLE		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1950.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶
Full Name (Last, First, Middle Initial) of Payee Charlottesville Radio Group		Date MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1140 Rose Hill Drive		Amount 1990.00
City Charlottesville	State VA	Zip Code 22903
Purpose of Expenditure Robert Hurt radio ad		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT HURT		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1990.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶
Full Name (Last, First, Middle Initial) of Payee Clear Channel Radio		Date MM / DD / YYYY 10 / 25 / 2010
Mailing Address 3534 East Kimberly Road		Amount 2005.00
City Davenport	State IA	Zip Code 52807
Purpose of Expenditure Bobby Schilling radio ad		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT TODD SCHILLING		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2005.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5945.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶		
(c) TOTAL Independent Expenditures ▶ (carry total from last page forward to Line 7)		